

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/06/2014	
NAME OF PROVIDER OR SUPPLIER BERKSHIRE OF CASTLETON				STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250			
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R000000	<p>This visit was for the Investigation of Complaint IN00142511.</p> <p>Complaint IN00142511 Substantiated. State deficiencies related to the allegations are cited at R0214, R0217 and R0240.</p> <p>Survey Dates: February 3 & 6, 2014</p> <p>Facility number: 009894 Provider number: 009894 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 131 Total: 131</p> <p>Census Payor type: Other: 131 Total: 131</p> <p>Sample: 5</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on February 10,</p>		R000000	<p>R000 Initial comments:The following is the Plan of Correction for Berkshire of Castleton in regards to the Statement of Deficiencies for the complaint survey completed on 2-6-14 This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000214	<p>2014.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview the facility failed to ensure an evaluation was updated when there was a change in the resident's condition, in that when a resident was identified with the need of assistance and supervision while bathing, the nursing staff failed to provide the required supervision. The resident fell from a shower chair and sustained a fractured hip. This deficient practice effected 1 of 3 residents reviewed for falls in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 02-03-2014 at 10:30 a.m. Diagnoses included, but were not limited to, Stage three renal</p>		R000214	<p>R 214 Evaluation (deficiency)What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?Resident A: Personal Service plan, assignment sheet and care profiles have been updated to include the level of supervision and care required for this resident during ADL care. Terrace Nurse will supervise care needs of residents and update the plans based on changes of condition or additional service requests, in an ongoing manner. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Other residents who live on the Terrace have the potential to be affected by the alleged deficient practice.</p>		03/05/2014	

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	<p>failure, Myasthenia Gravis, left hemiparesis, glaucoma, hypertension, cerebral vascular accident and dementia. These diagnoses remained current at the time of the record review.</p> <p>The resident's pre-admission assessment, dated 01-15-2003 indicated the resident had a history of fractures - status post fracture of the hip with open reduction and internal fixation (2001), falls and left sided weakness. This pre-admission assessment indicated the resident used a "shower chair," but was "independent with bathing and showering." A "fall risk assessment and care plan," dated 01-15-2003 indicated the resident had "1 - 2 falls in past 3 months, was incontinent, adequate vision with glasses, problems with balance when standing, walking decreased coordination, and was jerky or unstable when making turns." The "total score" for this assessment was 21. The assessment indicated a score of 10 or above identified the resident as a high risk for falls.</p> <p>A review of the "Personal Service Plan," dated 11-26-12, indicated the resident had a neurodegenerative disease which "may impact a</p>		<p>The Terrace Nurse/Designee has completed a 100% audit of all Personal Service Plans, assignment sheets and care profiles on the unit to ensure the needs of the resident are accurately reflected on these documents. This audit included interviews with residents as well as caregivers, with particular attention to personal care and assistance with activities of daily living, based on individual needs and preferences. Updates will be made in an ongoing manner as the needs or preferences of the resident change.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? Nurses and caregivers will be re-educated on the change of condition policy. This training will be provided by the Health and Wellness Director/Designee, and will include training on the requirement of supervision of the care associates by nurses, as well as the need for the caregivers to notify the nurse in the event a resident is non-compliant with supervision or is using their resident right to refuse supervision or assistance. Nurses will be instructed to document all refusals of care in the clinical record, as well as to record such events in the 24 hour shift-to-shift log, so that the supervisor will be alerted to the change in resident</p>				

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	<p>resident's activities of daily living. Refer to the other sections of the Service Plan for further direction. MYASTHENIA GRAVIS. Showering or Bathing - Resident does not require showering and bathing assistance."</p> <p>On 02-03-2014 at 1:45 p.m., the facility provided Occupational Therapy and Physical Therapy "visit note" reports, that were not a part the resident's record. The reports indicated the following:</p> <p>"01-09-13 [2013] DC [discharge] of OT [occupational therapy] services, indicated the resident was alert and oriented and "intact intellectual functioning." Further review of this evaluation indicated the following: "Current ability to wash entire body safely, excludes grooming (washing face, washing hands and shampooing hair). Note If the tub or shower is unsafe, select either "4" or "5" at minimum. "4" - "6" are applicable if patient restricted from stair climbing and the only tub/shower available requires it. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision."</p>		<p>status or care needs. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? The 24 hour shift-to-shift report log will be reviewed by the Terrace Nurse daily and adjustments to the Personal Service Plan, assignment sheet or resident Care Profile will occur, based on observations and the contents of the clinical record. The Terrace Nurse/Health and Wellness Nurse and/or Executive Director will then schedule care conferences with the responsible party for each resident affected, in order to review any changes in care needs, or changes in cost associated with the change of condition. Such services will include, but will not be limited to changes in scope, frequency, needs, and/or preferences of the resident. The agreed-upon Personal Service Plan will be signed and dated by the resident/responsible party and a copy of the Personal Service Plan shall be given to the resident upon request. The community will continue to utilize the Collaborative Care Meeting process twice monthly to encourage improved communication between third party providers and the healthcare associates. These meetings will be multi-disciplinary in nature and each resident will</p>				

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	<p>"01-11-13 DC of PT [physical therapy] services. THERAPY INTERRUPTOR - Unable to participate effectively, dependent in bathing and is bathed totally by another person."</p> <p>In addition, the record indicated the resident had an Occupational Therapy evaluation conducted on 02-08-2013. The evaluation indicated the resident required maximum assistance with bathing transfers, and maximum assistance with bathing the upper and lower body. The evaluation also indicated the need for a "shower chair." During an interview on 02-03-14 at 1:30 p.m., the Director of Nurses indicated the evaluation was conducted for the use of wheelchair positioning and not the resident needs for bathing.</p> <p>A subsequent evaluation, dated 05-13-13 and noted as a DC (discharge) of OT (occupational therapy) services, indicated the resident had "impaired decision making: failure to perform usual ADLS [activities of daily living] or inability to appropriately stop activities, jeopardizes safety <sic> through actions."</p>		be reviewed for changes in condition, changes in risk factors, including, but not limited to: falls, weight changes, nutritional concerns, or other pertinent information, which will then be incorporated into the Personal Service Plan, Assignment Plan and /or the Care Profile for each resident. By what date will these systemic changes be implemented? 3-5-14				

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	<p>A review of the Interdisciplinary Progress Notes indicated the following:</p> <p>"06-26-13 at 3:45 a.m. Res. [Resident] found sitting on floor by CNA [certified nurses aide]. Res. said she rolled over and slid out of bed onto her knees, denies pain no injuries."</p> <p>"07-14-13 8:00 p.m. Nurse called to room by CNA. Writer observed res. is sitting [illegible word] on shower floor. Head to toe assessment completed - res. without injury. Res. educated on use of call light for assistance."</p> <p>"07-27-13 5:00 a.m. Heard res. calling out. Entered apt. [apartment], found res. sitting on B.R. [bathroom] floor in front of commode, denied falling, denies pain. No injuries."</p> <p>"09-07-13 7:35 p.m. Writer heard resident yell for 'help.' Writer et [and] CNA entered resident room et [and] observed res. on shower floor on her right hip. Resident would not allow writer or CNA to assist from floor. Writer asked if res. could move her right leg, res. said 'no.' Writer asked res, 'how did you fall ?'</p>						

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	<p>Res. said 'I was reaching for something.' Res. said 'I'm hurting.'"</p> <p>Further review of the Interdisciplinary notes indicated the resident was transferred to the local area hospital for evaluation and treatment and subsequently admitted with a fractured hip. After the resident's hospitalization, the resident was transferred to a skilled nursing facility for rehabilitation services.</p> <p>A review of the facility "Risk Identification Evaluation, dated 12-13-13 indicated the resident had 8 falls in the past 12 months, with a left hip fracture [09-07-13], a vision deficit of glaucoma, with "factors observed that may cause the resident to fall - Myasthenia Gravis [severe] and left hemiparesis."</p> <p>A review of the facility Incident Report on 02-03-14 at 11:00 a.m., and dated 09-07-13 at 7:35 p.m., indicated the incident occurred on Saturday in the resident "bathroom, in shower/tub. Nature of Incident: fall, unwitnessed. Severity Code 5-harm / injury with admission to hospital."</p> <p>During an interview on 02-03-14 at</p>						

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	<p>12:15 p.m., the resident indicated "The screw came out of the shower chair - that's how I fell - that's when I broke my hip. I laid on the floor and hollered until someone came to help me." When interviewed if anyone was with her in the bathroom, while she was in the shower the resident indicated, "No I was in there by myself but I hollered real loud for them to hear me."</p> <p>Although the resident fell while left unattended in the shower, a review of the current "Care Profile," dated 12-07-13 indicated the "resident is able to perform the following showering tasks with physical assistance as needed: washing upper and lower body."</p> <p>This State finding relates to Complaint IN00142511.</p>						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview the facility failed to ensure that after an evaluation was completed by the therapy staff, the facility failed to document the appropriate services required for the resident in regard to the need of supervision while bathing/showering</p>	R000217	<p>R 217 Evaluation (deficiency)What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?Resident A: Personal Service plan, assignment sheet and care profiles have been updated to include the level of supervision</p>		03/05/2014		

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	<p>for 1 of 3 resident's reviewed for falls in a sample of 5. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 02-03-2014 at 10:30 a.m. Diagnoses included, but were not limited to, Stage three renal failure, Myasthenia Gravis, left hemiparesis, glaucoma, hypertension, cerebral vascular accident and dementia. These diagnoses remained current at the time of the record review.</p> <p>The resident's pre-admission assessment, dated 01-15-2003 indicated the resident had a history of fractures - status post fracture of the hip with open reduction and internal fixation (2001), falls and left sided weakness. This pre-admission assessment indicated the resident used a "shower chair," but was "independent with bathing and showering." A "fall risk assessment and care plan," dated 01-15-2003 indicated the resident had "1 - 2 falls in past 3 months, was incontinent, adequate vision with glasses, problems with balance when standing, walking decreased coordination, and was jerky or unstable when making turns." The</p>		<p>and care required for this resident during ADL care. Terrace Nurse will supervise care needs of residents and update the plans based on changes of condition or additional service requests, in an ongoing manner. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Other residents who live on the Terrace have the potential to be affected by the alleged deficient practice. The Terrace Nurse/Designee has completed a 100% audit of all Personal Service Plans, assignment sheets and care profiles on the unit to ensure the needs of the resident are accurately reflected on these documents. This audit included interviews with residents as well as caregivers, with particular attention to personal care and assistance with activities of daily living, based on individual needs and preferences. Updates will be made in an ongoing manner as the needs or preferences of the resident change. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? Nurses and caregivers will be re-educated on the change of condition policy. This training will be provided by the Health and Wellness Director/Designee, and will include training on the</p>				

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	<p>"total score" for this assessment was 21. The assessment indicated a score of 10 or above identified the resident as a high risk for falls.</p> <p>A review of the "Personal Service Plan," dated 11-26-12, indicated the resident had a neurodegenerative disease which "may impact a resident's activities of daily living. Refer to the other sections of the Service Plan for further direction. MYASTHENIA GRAVIS. Showering or Bathing - Resident does not require showering and bathing assistance."</p> <p>The record indicated the resident had an Occupational Therapy evaluation conducted on 02-08-2013. The evaluation indicated the resident required maximum assistance with bathing transfers, and maximum assistance with bathing the upper and lower body. The evaluation also indicated the need for a "shower chair."</p> <p>A subsequent evaluation, dated 05-13-13 and noted as a DC (discharge) of OT (occupational therapy) services, indicated the resident had "impaired decision making: failure to perform usual ADLS [activities of daily living] or</p>		<p>requirement of supervision of the care associates by nurses, as well as the need for the caregivers to notify the nurse in the event a resident is non-compliant with supervision or is using their resident right to refuse supervision or assistance. Nurses will be instructed to document all refusals of care in the clinical record, as well as to record such events in the 24 hour shift-to-shift log, so that the supervisor will be alerted to the change in resident status or care needs. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? The 24 hour shift-to-shift report log will be reviewed by the Terrace Nurse daily and adjustments to the Personal Service Plan, assignment sheet or resident Care Profile will occur, based on observations and the contents of the clinical record. The Terrace Nurse/Health and Wellness Nurse and/or Executive Director will then schedule care conferences with the responsible party for each resident affected, in order to review any changes in care needs, or changes in cost associated with the change of condition. Such services will include, but will not be limited to changes in scope, frequency, needs, and/or preferences of the resident. The agreed-upon</p>				

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	<p>inability to appropriately stop activities, jeopardizes safely <sic> through actions."</p> <p>A review of the Interdisciplinary Progress Notes indicated the following: "07-14-13 8:00 p.m. Nurse called to room by CNA. Writer observed res. is sitting [illegible word] on shower floor. Head to toe assessment completed - res. without injury. Res. educated on use of call light for assistance."</p> <p>"07-27-13 5:00 a.m. Heard res. calling out. Entered apt. [apartment], found res. sitting on B.R. [bathroom] floor in front of commode, denied following, denies pain. No injuries."</p> <p>"09-07-13 7:35 p.m. Writer heard resident yell for 'help.' Writer et [and] CNA entered resident room et [and] observed res. on shower floor on her right hip. Resident would not allow writer or CNA to assist from floor. Writer asked if res. could move her right leg, res. said 'no.' Writer asked res. 'how did you fall ?' Res. said 'I was reaching for something.' Res. said 'I'm hurting.'"</p> <p>Further review of the</p>		<p>Personal Service Plan will be signed and dated by the resident/responsible party and a copy of the Personal Service Plan shall be given to the resident upon request. The community will continue to utilize the Collaborative Care Meeting process twice monthly to encourage improved communication between third party providers and the healthcare associates. These meetings will be multi-disciplinary in nature and each resident will be reviewed for changes in condition, changes in risk factors, including, but not limited to: falls, weight changes, nutritional concerns, or other pertinent information, which will then be incorporated into the Personal Service Plan, Assignment Plan and /or the Care Profile for each resident. By what date will these systemic changes be implemented?3-5-14</p>				

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	<p>Interdisciplinary notes indicated the resident was transferred to the local area hospital for evaluation and treatment and subsequently admitted with a fractured hip. After the resident's hospitalization, the resident was transferred to a skilled nursing facility for rehabilitation services.</p> <p>A review of the facility Incident Report on 02-03-14 at 11:00 a.m., and dated 09-07-13 at 7:35 p.m., indicated the incident occurred on Saturday in the resident "bathroom, in shower/tub. Nature of Incident: fall, unwitnessed. Severity Code 5-harm / injury with admission to hospital."</p> <p>A review of the facility "Risk Identification Evaluation, dated 12-13-13 indicated the resident had 8 falls in the past 12 months, with a left hip fracture [09-07-13], a vision deficit of glaucoma, with "factors observed that may cause the resident to fall - Myasthenia Gravis [severe] and left hemiparesis."</p> <p>During an interview on 02-03-14 at 12:15 p.m. the resident indicated "The screw came out of the shower chair - that's how I fell - that's when I broke my hip. I laid on the floor and</p>						

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R000240	<p>hollered until someone came to help me." When interviewed if anyone was with her in the bathroom, while she was in the shower the resident indicated, "No I was in there by myself but I hollered real loud for them to hear me."</p> <p>Although the resident fell while left unattended in the shower, a review of the current "Care Profile," dated 12-07-13 indicated the "resident is able to perform the following showering tasks with physical assistance as needed: washing upper and lower body."</p> <p>The "Care Profile" lacked documentation of the needed assistance and supervision required for the resident in regard to the need of supervision while bathing/showering for this dependent resident.</p> <p>This State finding relates to Complaint IN00142511.</p> <p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on record review and</p>		R000240	R 240 (deficiency)What corrective		03/05/2014	

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	<p>interview the facility failed to provide specific care and personal assistance to a resident, in that when a resident was identified with the need of assistance and supervision while bathing, the nursing staff failed to provide the required care and assistance for 1 of 3 resident's reviewed who were identified with needing additional care and services and also resided on the Terrace Unit.</p> <p>The lack of care and personal assistance resulted in a fall by a resident, which resulted in a fractured hip. (Resident "A").</p> <p>Findings include:</p> <p>During an interview on 02-03-14 at 8:45 a.m., the Administrator indicated that although the facility did not have a secured unit, the facility did have a unit (The Terrace) where residents who were identified with the need of extra assistance reside. "The facility area known as The Manor, does not staff for residents who required additional assistance as it is Assisted Living. The resident's who currently resided on the Terrace Unit required additional assistance and supervision, like eating and toileting. We have more staff over there."</p>		<p>action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident A: Personal Service plan, assignment sheet and care profiles have been updated to include the level of supervision and care required for this resident during ADL care. Terrace Nurse will supervise care needs of residents and update the plans based on changes of condition or additional service requests, in an ongoing manner. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Other residents who live on the Terrace have the potential to be affected by the alleged deficient practice. The Terrace Nurse/Designee has completed a 100% audit of all Personal Service Plans, assignment sheets and care profiles on the unit to ensure the needs of the resident are accurately reflected on these documents. This audit included interviews with residents as well as caregivers, with particular attention to personal care and assistance with activities of daily living, based on individual needs and preferences. Updates will be made in an ongoing manner as the needs or preferences of the resident change. What measures will be put in place or what systemic changes</p>				

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	<p>The record for Resident "A" was reviewed on 02-03-2014 at 10:30 a.m. Diagnoses included, but were not limited to, Stage three renal failure, Myasthenia Gravis, left hemiparesis, glaucoma, hypertension, cerebral vascular accident and dementia. These diagnoses remained current at the time of the record review.</p> <p>The resident's pre-admission assessment, dated 01-15-2003 indicated the resident had a history of fractures - status post fracture of the hip with open reduction and internal fixation (2001), falls and left sided weakness. This pre-admission assessment indicated the resident used a "shower chair," but was "independent with bathing and showering." A "fall risk assessment and care plan," dated 01-15-2003 indicated the resident had "1 - 2 falls in past 3 months, was incontinent, adequate vision with glasses, problems with balance when standing, walking decreased coordination, and was jerky or unstable when making turns." The "total score" for this assessment was 21. The assessment indicated a score of 10 or above identified the resident as a high risk for falls.</p>			<p>will the facility make to ensure the alleged deficient practice does not recur? Nurses and caregivers will be re-educated on the change of condition policy. This training will be provided by the Health and Wellness Director/Designee, and will include training on the requirement of supervision of the care associates by nurses, as well as the need for the caregivers to notify the nurse in the event a resident is non-compliant with supervision or is using their resident right to refuse supervision or assistance. Nurses will be instructed to document all refusals of care in the clinical record, as well as to record such events in the 24 hour shift-to-shift log, so that the supervisor will be alerted to the change in resident status or care needs. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? The 24 hour shift-to-shift report log will be reviewed by the Terrace Nurse daily and adjustments to the Personal Service Plan, assignment sheet or resident Care Profile will occur, based on observations and the contents of the clinical record. The Terrace Nurse/Health and Wellness Nurse and/or Executive Director will then schedule care conferences with the responsible party for each resident affected,</p>			

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	<p>A review of the "Personal Service Plan," dated 11-26-12, indicated the resident had a neurodegenerative disease which "may impact a resident's activities of daily living. Refer to the other sections of the Service Plan for further direction. MYASTHENIA GRAVIS. Showering or Bathing - Resident does not require showering and bathing assistance."</p> <p>On 02-03-2014 at 1:45 p.m., the facility provided Occupational Therapy and Physical Therapy "visit note" reports, that were not a part the resident's record. The reports indicated the following:</p> <p>"01-09-13 [2013] DC [discharge] of OT [occupational therapy] services, indicated the resident was alert and oriented and "intact intellectual functioning." Further review of this evaluation indicated the following: "Current ability to wash entire body safely, excludes grooming (washing face, washing hands and shampooing hair). Note If the tub or shower is unsafe, select either "4" or "5" at minimum. "4" - "6" are applicable if patient restricted from stair climbing and the only tub/shower available requires it. -</p>		<p>in order to review any changes in care needs, or changes in cost associated with the change of condition. Such services will include, but will not be limited to changes in scope, frequency, needs, and/or preferences of the resident. The agreed-upon Personal Service Plan will be signed and dated by the resident/responsible party and a copy of the Personal Service Plan shall be given to the resident upon request. The community will continue to utilize the Collaborative Care Meeting process twice monthly to encourage improved communication between third party providers and the healthcare associates. These meetings will be multi-disciplinary in nature and each resident will be reviewed for changes in condition, changes in risk factors, including, but not limited to: falls, weight changes, nutritional concerns, or other pertinent information, which will then be incorporated into the Personal Service Plan, Assignment Plan and /or the Care Profile for each resident. By what date will these systemic changes be implemented?3-5-14</p>				

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	<p>Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision."</p> <p>"01-11-13 DC of PT [physical therapy] services. THERAPY INTERRATOR - Unable to participate effectively, dependent in bathing and is bathed totally by another person,"</p> <p>In addition the record indicated the resident had an Occupational Therapy evaluation conducted on 02-08-2013. The evaluation indicated the resident required maximum assistance with bathing transfers, and maximum assistance with bathing the upper and lower body. The evaluation also indicated the need for a "shower chair."</p> <p>A subsequent evaluation, dated 05-13-13 and noted as a DC (discharge) of OT (occupational therapy) services, indicated the resident had "impaired decision making: failure to perform usual ADLS [activities of daily living] or inability to appropriately stop activities, jeopardizes safely <sic> through actions."</p> <p>During an interview on 02-03-14 at</p>						

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	<p>1:30 p.m., the Director of Nurses indicated the evaluation was conducted for the use of wheelchair positioning and not the resident needs for bathing.</p> <p>A review of the Interdisciplinary Progress Notes indicated the following:</p> <p>"07-14-13 8:00 p.m. Nurse called to room by CNA. Writer observed res. is sitting [illegible word] on shower floor. Head to toe assessment completed - res. without injury. Res. educated on use of call light for assistance."</p> <p>"07-27-13 5:00 a.m. Heard res. calling out. Entered apt. [apartment], found res. sitting on B.R. [bathroom] floor in front of commode, denied following, denies pain. No injuries."</p> <p>"09-07-13 7:35 p.m. Writer heard resident yell for 'help.' Writer et [and] CNA entered resident room et [and] observed res. on shower floor on her right hip. Resident would not allow writer or CNA to assist from floor. Writer asked if res. could move her right leg, res. said 'no.' Writer asked res. 'how did you fall ?' Res. said 'I was reaching for</p>						

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	<p>something.' Res. said 'I'm hurting.'"</p> <p>Further review of the Interdisciplinary notes indicated the resident was transferred to the local area hospital for evaluation and treatment and subsequently admitted with a fractured hip. After the resident's hospitalization, the resident was transferred to a skilled nursing facility for rehabilitation services.</p> <p>A review of the facility Incident Report on 02-03-14 at 11:00 a.m., and dated 09-07-13 at 7:35 p.m., indicated the incident occurred on Saturday in the resident "bathroom, in shower/tub. Nature of Incident: fall, unwitnessed. Severity Code 5-harm / injury with admission to hospital."</p> <p>A review of the facility "Risk Identification Evaluation, dated 12-13-13, after the resident's fall with injury, indicated the resident had 8 falls in the past 12 months, with a left hip fracture [09-07-13], a vision deficit of glaucoma, with "factors observed that may cause the resident to fall - Myasthenia Gravis [severe] and left hemiparesis."</p>						

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	<p>During an interview on 02-03-14 at 12:15 p.m. the resident indicated "The screw came out of the shower chair - that's how I fell - that's when I broke my hip. I laid on the floor and hollered until someone came to help me." When interviewed if anyone was with her in the bathroom, while she was in the shower the resident indicated, "No I was in there by myself but I hollered real loud for them to hear me."</p> <p>Although the resident fell while left unattended in the shower, a review of the current "Care Profile," dated 12-07-13 indicated the "resident is able to perform the following showering tasks with physical assistance as needed: washing upper and lower body," and not the need for supervision while bathing/showering.</p> <p>During the Exit Conference on 02-03-14 at 4:30 p.m., the Administrator indicated the resident originally resided in the Manor, but as her disease progressed, and required more care, was moved to the Terrace Unit.</p> <p>This State finding relates to Complaint IN00142511.</p>						